
State:	District of Columbia	Filing Company:	Aetna Life Insurance Company
TOI/Sub-TOI:	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other		
Product Name:	2019 LG Medicare Advantage bSwift Enrollment		
Project Name/Number:	ALIC/		

Filing at a Glance

Company:	Aetna Life Insurance Company
Product Name:	2019 LG Medicare Advantage bSwift Enrollment
State:	District of Columbia
TOI:	ML02 Multi-Line - Other
Sub-TOI:	ML02.000 Multi-Line - Other
Filing Type:	Form
Date Submitted:	03/11/2019
SERFF Tr Num:	AETN-131860834
SERFF Status:	Closed-APPROVED
State Tr Num:	
State Status:	
Co Tr Num:	AETN-131860834
Effective	On Approval
Date Requested:	
Author(s):	Hong (Grace) Cui, Tamara Hawk, Caroline Minehan
Reviewer(s):	Colin Johnson (primary)
Disposition Date:	04/03/2019
Disposition Status:	APPROVED
Effective Date:	04/03/2019

State:	District of Columbia	Filing Company:	Aetna Life Insurance Company
TOI/Sub-TOI:	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other		
Product Name:	2019 LG Medicare Advantage bSwift Enrollment		
Project Name/Number:	ALIC/		

General Information

Project Name: ALIC	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 04/03/2019	
State Status Changed:	Deemer Date:
Created By: Caroline Minehan	Submitted By: Caroline Minehan
Corresponding Filing Tracking Number:	

Filing Description:

Please see attached cover letter under "Supporting Documentation" tab

Company and Contact

Filing Contact Information

Caroline Minehan,	MinehanC@aetna.com
151 Farmington Ave	860-273-1531 [Phone]
Rogers Bldg	
Hartford, CT 06156	

Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name:	State ID Number:
(860) 273-0123 ext. [Phone]	FEIN Number: 06-6033492	

State:	District of Columbia	Filing Company:	Aetna Life Insurance Company
TOI/Sub-TOI:	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other		
Product Name:	2019 LG Medicare Advantage bSwift Enrollment		
Project Name/Number:	ALIC/		

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:	AETN-131860834	State Tracking #:		Company Tracking #:	AETN-131860834
State:	District of Columbia	Filing Company:	Aetna Life Insurance Company		
TOI/Sub-TOI:	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other				
Product Name:	2019 LG Medicare Advantage bSwift Enrollment				
Project Name/Number:	ALIC/				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Colin Johnson	04/03/2019	04/03/2019

State:	District of Columbia	Filing Company:	Aetna Life Insurance Company
TOI/Sub-TOI:	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other		
Product Name:	2019 LG Medicare Advantage bSwift Enrollment		
Project Name/Number:	ALIC/		

Disposition

Disposition Date: 04/03/2019

Effective Date: 04/03/2019

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification	APPROVED	Yes
Supporting Document	Cover Letter	APPROVED	Yes
Supporting Document	Explanation of Variability	APPROVED	Yes
Form	Enrollment Form (1/2)	APPROVED	Yes
Form	Enrollment Form (2/2)	APPROVED	Yes

State: District of Columbia Filing Company: Aetna Life Insurance Company
 TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
 Product Name: 2019 LG Medicare Advantage bSwift Enrollment
 Project Name/Number: ALIC/

Form Schedule

Lead Form Number: LG-EBSRET-DC (03-19) (WEB) 01								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	APPROVED 04/03/2019	Enrollment Form (1/2)	LG-EBSRET-DC (03-19) (WEB) 01	AEF	Initial		44.400	LG-EBSRET-DC (03-19) (WEB) 01.pdf
2	APPROVED 04/03/2019	Enrollment Form (2/2)	LG-EBSRET-DC (03-19) (WEB) 02	AEF	Initial		44.400	LG-EBSRET-DC (03-19) (WEB) 02.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory



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Log In

Username

Password

[Register Now](#)
[Forgot Password](#)

[Log In >](#)

Welcome to your Retiree Benefits Portal



Bringing you health, happiness and peace of mind

During your years of service, you were part of the lifeblood of your organization. Because of this, they want to continue to offer you comprehensive retiree health coverage into the future.

Log in to look at the benefits you're being offered. You can also come back anytime to view copies of your billing statements, review your plan benefits or get up-to-date tips on preparing and making the most of your retirement. The retiree benefits portal is here to help you achieve health, happiness and peace of mind all year round, not just during open enrollment.

New users

If this is your first time logging in to this website, you will need to create a new user name and password. The user name and password you previously used to manage your Aetna retiree health benefits will not work. To create a new user name and password, click on "Register Now" in the Log In box.

If you need help

If you have trouble logging in or need more help, please call the Retiree Service Center at 1-800-426-4584 (TTY: 711). From October 1 to January 31, you can call us 8 a.m. to 8 p.m. ET, Monday through Friday. From February 1 to September 30, we're here 8 a.m. to 6 p.m., Monday through Friday ET.

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First Time User

Please enter your personal information below and click Continue. All data must be entered in order to move forward.

* First Name

* Last Name

* Zip Code

* Date of Birth

* You must enter the above information exactly as it appeared to you on the information that was mailed to you. For example, if the information was addressed to Janice, but you go by Jan, please use Janice.

Continue

Cancel

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Terms & Conditions

Terms of Use

PLEASE READ THE FOLLOWING TERMS AND CONDITIONS CAREFULLY. BY CLICKING "LOG IN", "REGISTER NOW" OR ANOTHER BUTTON ON THE SITE TO SUBMIT YOUR INFORMATION TO US OR BY OTHERWISE USING THE SERVICE, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO BE BOUND BY THE FOLLOWING TERMS AND CONDITIONS, INCLUDING THE [BSWIFT PRIVACY POLICY](#) (TOGETHER, THE "**TERMS OF USE**").

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As long as you comply with these Terms of Use, bswift grants to you a personal, limited, nonexclusive, nontransferable license to use the Services for the purposes directed by bswift on this Site. You agree not to use the Services in a manner that violates any applicable law, regulation or these Terms of Use. For example (and not as an exhaustive list of examples), unless authorized by bswift in writing, you agree you will not:

1. Provide access to or give any part of the Services to any third party unless it is for purposes of giving an authorized representative access to enroll on your behalf.
2. Modify, disrupt or interfere with the Services, supporting servers or networks either manually or through the use of scripts, viruses or worms.
3. Reproduce, duplicate, copy, deconstruct, sell, trade or resell the Services.
4. Attempt to access any other bswift systems that are not part of these Services.
5. Excessively overload the bswift systems used to provide the Services.

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The privacy policy governing your access to and use of the Services can be reviewed at [bswift Privacy Policy](#) and is hereby incorporated into these Terms of Use. At the bottom of each page on this website, there is a link to bswift's "[Privacy Policy](#)."

Note that, depending on the benefits you select when using the Services, you may be protected by federal and other law applicable to personally identifiable information about you, such as health information protected by the Health Insurance Portability and Accountability Act ("HIPAA").

You have been issued a unique user ID and password for your use only. To protect your personal information, do not share your ID or password with others. If you learn of any unauthorized access to or use of this Site, or your ID or password, you agree to call your customer service representative at the number listed on the website.

Applicability

These Terms of Use do not apply to any benefits or insurance coverage you may obtain once you enroll in the insurance products Aetna offers on this Site.

bswift may terminate your access to and use of this Site if you violate any of these Terms of Use. These Terms of Use shall survive any termination of your access or use.

Certain links on this Site will connect you to external websites owned and maintained by the following third parties:

PayFlex.com

Aetna.com

The list of third parties above is non-exclusive, and some links on the Site may connect you to other third-party sites. These Terms of Use apply only to your access to and use of The Aetna Retiree Exchange. We strongly encourage you to review the terms and conditions and the privacy statements available at these linked sites before you make use of them.

Electronic Records

This Site provides information about health insurance products and allows you to start the enrollment process, enroll in the products of your choosing that are the most affordable to you.

You consent to conducting comparisons electronically via this Program. This means that you agree to submit information to bswift or Employer through this Program.

The hardware and software descriptions below that are what you will need to use this Site for enrollment to shop for health insurance, start the enrollment process and to receive consumer disclosures, written communications, plan documents, enrollment instructions and confirmations electronically ("Electronic Records").

- **Hardware/ Operating Systems:** Any PC or MAC with standard Operating Systems
- **Browsers:** Please refer to the "Browser Requirements" link at the bottom of each web page where you log in to on this Site
- **PDF Reader:** Adobe Reader version 8 or higher
- **Internet Bandwidth:** High-speed internet connection recommended
- The computer hardware and software used to access this Website on the Internet is all you will need to access the Electronic Records and other documents provided to you in electronic form. To retain copies of these documents, you may 1) print them from this Website, or 2) save an electronic copy onto a computer.

By registering on this Site, you agree to conduct business using the bswift platform that Aetna is licensed to use for purposes of enrolling in a health insurance plan offered on this Site. This means that you agree to submit enrollment information to Aetna through this Site and agree to accept delivery by electronic means the Electronic Records. This means you are agreeing that bswift and Aetna may deliver Electronic Records or information about your health care coverage to you at your email address or by posting on this Site. You also agree that the Electronic Records or information about your health care coverage that we deliver to you electronically will satisfy any legal communication requirements, including that those communications be in writing. If you wish to revoke this consent, you may do so by removing your email address on the Site or by calling the toll free number that appears on the Site, but such revocation will not affect any actions that Aetna or bswift may have already taken in reliance on your initial consent.

You are responsible for reviewing for inaccuracies all of the information transmitted to you. If there are inaccuracies, you are responsible for correcting them using the tools available to you on the Site or by calling the toll free number that appears on the Site. You are also responsible for keeping your contact information up to date to ensure timely receipt of instructions and confirmations. You can update your contact information on your profile page at any time or by calling the toll free number that appears on the Site.

If you do not wish to use this Site for enrollment, contact the toll free number that appears on the Site for instructions on how to enroll via a paper form.

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Site Materials Are Not Plan Documents

The materials on this Site are not, nor are they intended to be, the legal plan documents or contract between bswift or Aetna and any retiree plan sponsor. In addition, there may be situations where the plan provides different benefits to different employee groups. Generally, the Site displays only those benefits that are applicable to an individual, based on his or her employee group and county and zip code. Every effort has been made to ensure the accuracy of these materials. In the unlikely event that there is a discrepancy between the Site and the official plan documents, the official plan documents will control. If you believe the benefits do not describe those available to you, contact us by calling the toll free number that appears on the website.

You agree that bswift is not acting as your agent or fiduciary in connection with your use of the Site and the Services.

Governing Law

Pennsylvania state law governs these Terms of Use without regard to its conflicts of laws provisions. To resolve any legal dispute arising from these Terms of Use, you agree that the exclusive jurisdiction for such a dispute shall be the state courts in Montgomery County, Pennsylvania, U.S.A. or federal court for the district. bswift's or Aetna's failure to insist upon or enforce strict performance of any provision of these Terms of Use shall not be construed as a waiver of any provision or right. Neither the course of conduct between you and bswift nor trade practices shall act to modify any provision of these Terms of Use. bswift may assign its rights and duties hereunder to any third party at any time without notice to you.

Disclaimers – Decision Support

All Program calculations made for any benefit plan type (e.g. Medical, Medicare Advantage, Traditional Choice, Prescription Drug plans, Dental, Retiree Reimbursement Accounts (RRA), HSA, etc.), are estimates only, and actual costs or projected tax savings incurred by you may be higher or lower.

You are not required to enroll in the plan type that the Program marks as recommended, and some errors may exist in the comparisons or recommendations produced by the Program. You are ultimately responsible for enrolling in the plan that you deem best for you and your dependents. .

bswift does not guarantee the accuracy of any comparisons or recommendations made by the Program, including comparisons or recommendations involving whether a prescription drug is covered or not covered, or information about whether a provider is in-network or out-of-network.

bswift does not give professional advice. bswift is not in the business of providing legal, financial, accounting, health care, insurance, benefit, retirement, or other professional services or advice. Consult the services of a competent professional when you need this type of assistance.

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You should know that the cost estimator tool doesn't use actual costs from the plans you select. It also doesn't take into account which plans are available to you. The estimated costs you see come from general claims data for similar medical services in your area. Once you enroll, you might pay a lower or higher cost for the service listed.

Limitation of Liability

Subject to applicable law, neither bswift nor Aetna will be liable for any indirect, special, incidental, punitive or consequential damages, or damages relating to failures of telecommunications, the internet, electronic communications, corruption, security, loss or theft of data, viruses, spyware, loss of business, revenue, profits or investment, or use of software or hardware that does not meet bswift systems requirements. The above limitations apply even if bswift, Aetna, and their suppliers have been advised of the possibility of such damages. Aetna is an intended third party beneficiary of these Terms of Use for purposes of this limitation of liability provision.

Indemnity

You agree to indemnify and hold bswift harmless from any and all claims, liability and expenses, including reasonable attorneys' fees and costs, arising out of your use of the Services or your breach of these Terms of Use (collectively, "Claims"). bswift reserves the right, in its sole discretion and at its own expense, to assume the exclusive defense and control of any Claims. You agree to reasonably cooperate as requested by bswift in the defense of any Claims.

Entire Agreement

These Terms of Use are the entire agreement between you and bswift and replace all prior understandings, communications and agreements, oral or written, regarding its subject matter. These Terms of Use set forth the entire liability of bswift and its affiliates and your exclusive remedy with respect to your use of the Services. If any court of law, having the jurisdiction, rules that any part of these Terms of Use are invalid, that section will be removed without affecting the remainder of the Terms of Use. The remaining terms will be valid and enforceable. The United Nations Convention on Contracts for the International Sale of Goods does not apply to these Terms of Use.

Changes to These Terms of Use

We may change these Terms of Use from time to time to reflect changes in the way we provide or you receive these Services, or to reflect changes in our agreement with Aetna, and the changes will be effective when posted on our website or when we notify you by other means. Please review these Terms of Use periodically on this website for changes. We have the right to change any of the terms of these Terms of Use upon reasonable notice to you. Your continued use of the Services after bswift posts or otherwise notifies you of any changes indicates your agreement to the changes.

Cancel

Skip

I Agree

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CALL US MONDAY - FRIDAY: 1-800-426-4584 (TTY: 711)
HOURS: Oct. 1 - Jan. 31: 8 am - 8 pm ET, and Feb. 1 - Sept. 30: 8 am - 6 pm ET



[My Benefits](#) ▾

[My Profile](#)

[Library](#) ▾

[Help](#)

Select your benefits now!

Enrollment Deadline 2/28/2018

Your Status Not Started

[Start Your Enrollment](#)



Welcome,

Javier Baez

My Profile

[Edit my profile](#)

[Edit dependent profiles](#)

[Change my address](#)

My Family

SUSAN MARTIN

My Forms

[Enrollment Confirmation Form](#)



Welcome to your Aetna Benefits Center!

My Account Summary

TOTAL BALANCE DUE ⓘ

Not yet determined

Payment due
Last payment received
Last payment amount

[View Billing History](#)

Payment preference not set

Request a copy of your enrollment kit

You don't have any kits which were mailed recently

If you would like to request a copy of an enrollment kit that was already sent to you, click the link below and select the kit that you would like to be resent. Please note that it can take up to 10 business days for the copy of your enrollment kit to be mailed.

[Select an enrollment kit to resend](#) >



Are you ready for Retirement?

Get informed before making a health plan decision

Review well-being resources for your happiness

Gain financial peace of mind going into retirement

The Help Center

[Glossary and Videos](#)

[Aetna Navigator](#)



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HOURS: Oct. 1 - Jan. 31: 8 am - 8 pm ET, and Feb. 1 - Sept. 30: 8 am - 6 pm ET



Retiree Information

Please look over your information below and confirm that it is correct. Please fill in any required fields that are blank (marked with an asterisk). **Note:** The "County" field is not required for enrollment. But we need it to help you access and shop for plans available to you.

If everything looks ok, please check the confirm checkbox at the bottom of the screen and click 'continue'.

- 1 Your Info
 - Retiree Information
 - Family Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Continue

Demographics

* Fields are required

* First Name

Middle Initial

* Last Name

Suffix

* Social Security Number

* Date of Birth

* Gender ☒ Male ☐ Female

Marital Status

Address

* Fields are required



If you spend a period of time each year at a different address, you can enter both addresses in this section.

We want to be sure you receive all of your plan information.

- Keep in mind your primary (or permanent address) is where you spend 6 months or more a year.
- This address also determines which plans are available to you.
- Generally, you will receive all mail at your primary address.
- You can choose to receive mail at your alternate address. Just check the box under that address.

* Address 1

Address 2

* City

* State

* Zip

* County

Home Phone

Cell Phone

Home Email

Receive mailings at this address? ☒

* Would you like to add an Alternate Address? ☐ Yes ☒ No

Legal Representative

Some people may need legal representation when enrolling into some of their benefits. A legal representative could be a lawyer, an advisor or counselor.

* Fields are required

* Would you like to add a legal representative? ☐ Yes ☒ No

Medicare Eligibility

* Fields are required

* Medicare Eligible? ☐ Yes ☒ No

I verify that my personal information is correct.

☒ I agree

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HOURS: Oct. 1 – Jan. 31: 8 am – 8 pm ET, and Feb. 1 – Sept. 30: 8 am – 6 pm ET



Family Information

Please look over your family information below and confirm that it is correct. If any information needs to be modified click on 'edit' to make the change. If everything looks ok, please check the confirm checkbox at the bottom of the screen and click 'continue'.

Javier Baez

Male Retiree

38 years old (1/1/1980)

SSN: XXX-XX-2232

[Edit >](#)

Susan Martin

Female Spouse

50 years old (2/20/1968)

SSN: XXX-XX-1212

[Edit >](#)



Add Dependents

I agree that the above information is accurate.

☒ I agree

- 1 Your Info
 - Retiree Information
 - Family Info**
- 2 Your Benefits
- 3 Enroll
- 4 Complete

[Continue](#)

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HOURS: Oct. 1 - Jan. 31: 8 am - 8 pm ET, and Feb. 1 - Sept. 30: 8 am - 6 pm ET



Special Enrollment

Below are the benefits available to you and your eligible family members. Each section below allows you to view your plan options, compare costs and select or waive coverage for yourself and your eligible family members.

If you receive a subsidy from your former employer, your premium amount reflects it when you click on View Plan Options.



Medical

NO PLAN SELECTED

* Selection
Required

I don't want this benefit (waive)

View Plan Options



Dental

NO PLAN SELECTED

* Selection
Required

I don't want this benefit (waive)

View Plan Options



Vision

NO PLAN SELECTED

* Selection
Required

I don't want this benefit (waive)

View Plan Options

1

Your Info

2

Your Benefits

3

Enroll

4

Complete

Your
Premium
per month

\$0.00

Finished selecting benefits? Click the button below to continue.

Continue

Not ready to complete your benefits enrollment? No problem. you can click the button below to save your progress and return later.

Save and Finish Later

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[Help](#) [Exit Enrollment](#)

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HOURS: Oct. 1 - Jan. 31: 8 am - 8 pm ET, and Feb. 1 - Sept. 30: 8 am - 6 pm ET

[Back to Benefits](#)

Medical

Who will be covered by this plan?



Javier Baez

Retiree



SUSAN MARTIN

Spouse



Add Dependents



[Back to Benefits](#)

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[Back to Benefits](#) Medical

You can choose one plan for all family members shown below. All family members that aren't eligible for Medicare will be covered under the same plan.

Who will be covered by this plan?

☒ Javier Baez (Retiree) ☒ SUSAN MARTIN (Spouse) [+ Add Dependents](#)

Sort by: Cost

How much will you spend on healthcare in the next year?

Use this tool to calculate how much each plan might cost you in deductibles, copays and coinsurance, depending on how much care you will need.

[Estimate Your Out of Pocket Expenses](#)

A Focus on Pre-65

2018 Drug Formulary: Aetna Value Plus Plan

What can I expect from my Aetna Medical Plan

What can I expect from my Aetna Prescription Plan

Network Option Value | Aetna

DEDUCTIBLE:
Individual: \$5,000
Family: \$10,000

OUT-OF-POCKET MAX:
Individual: \$10,000
Family: \$20,000

CO-INSURANCE: 20%

[View plan details](#)

☐ Compare

Your Cost per month:

\$0

Tier: Retiree + Spouse

[Select](#)

Find your doctor or facility here

YOUR ANNUAL COSTS
AND ESTIMATED EXPENSES

COST PER MONTH
X 12

ESTIMATED
ADDITIONAL OUT-
OF-POCKET
EXPENSES

YOUR ESTIMATED ANNUAL TOTAL
COSTS AND EXPENSES

[Explain this](#)

\$0

+ ENTER NOW

=

\$0

Network Option Low | Aetna

DEDUCTIBLE:
Individual: \$3,950
Family: \$7,900

OUT-OF-POCKET MAX:
Individual: \$6,250
Family: \$12,500

CO-INSURANCE: 20%

[View plan details](#)

☐ Compare

Your Cost per month:

\$0

Tier: Retiree + Spouse

[Select](#)

Find your doctor or facility here

YOUR ANNUAL COSTS
AND ESTIMATED EXPENSES

COST PER MONTH
X 12

ESTIMATED
ADDITIONAL OUT-
OF-POCKET
EXPENSES

YOUR ESTIMATED ANNUAL TOTAL
COSTS AND EXPENSES

[Explain this](#)

\$0

+ ENTER NOW

=

\$0

Waive Medical Coverage | Aetna

[Select](#)

[Back to Benefits](#)

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Help Exit Enrollment

CALL US MONDAY - FRIDAY: 1-800-426-4584 (TTY: 711)

HOURS: Oct. 1 – Jan. 31: 8 am – 8 pm ET, and Feb. 1 – Sept. 30: 8 am – 6 pm ET

Special Enrollment

Below are the benefits available to you and your eligible family members. Each section below allows you to view your plan options, compare costs and select or waive coverage for yourself and your eligible family members.

If you receive a subsidy from your former employer, your premium amount reflects it when you click on View Plan Options.



Medical

\$0

Your Cost per month

PLAN Network Option Value / Aetna / [View plan details](#)

COVERAGE Retiree + Spouse

Javier Baez	Retiree	Cover
SUSAN MARTIN	Spouse	Cover

Completed

[View Plan Options](#)



Dental

NO PLAN SELECTED

* Selection
Required

[I don't want this benefit \(waive\)](#)

[View Plan Options](#)



Vision

NO PLAN SELECTED

* Selection
Required

[I don't want this benefit \(waive\)](#)

[View Plan Options](#)

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Your
Premium
per month

\$0

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

[Privacy Policy](#) | [Medicare Disclaimer](#) | [Browser Requirements](#)



[Help](#) [Exit Enrollment](#)

CALL US MONDAY - FRIDAY: 1-800-426-4584 (TTY: 711)
HOURS: Oct. 1 - Jan. 31: 8 am - 8 pm ET, and Feb. 1 - Sept. 30: 8 am - 6 pm ET

[Back to Benefits](#)

Dental

Who will be covered by this plan?



Javier Baez
Retiree



SUSAN MARTIN
Spouse



Add Dependents



Back to Benefits

Continue

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HOURS: Oct. 1 - Jan. 31: 8 am - 8 pm ET, and Feb. 1 - Sept. 30: 8 am - 6 pm ET

[Back to Benefits](#) Dental

Your dental plan options are shown below.

Who will be covered by this plan?

☒ Javier Baez (Retiree) ☒ SUSAN MARTIN (Spouse) [+ Add Dependents](#)

[View All Plans Side-by-Side](#)

Sort by: Cost

Aetna Dental DMO

Aetna

Your Cost per month:

\$0

Tier: Retiree

DMO

DEDUCTIBLE:
Individual: \$0

ANNUAL MAXIMUM:
Individual: \$0

CO-INSURANCE: 40%

[View plan details](#)

Select

[Find your DMO dentist here](#)

Aetna Dental PPO

Aetna

Your Cost per month:

\$0

Tier: Retiree

DPO

DEDUCTIBLE:
Individual: \$50
Family: \$150

ANNUAL MAXIMUM:
Individual: \$2,000

CO-INSURANCE: 20%

[View plan details](#)

Select

[Find your PPO dentist here](#)

Waive Dental

Waive

Select

[Back to Benefits](#)

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CALL US MONDAY - FRIDAY: 1-800-426-4584 (TTY: 711)

HOURS: Oct. 1 - Jan. 31: 8 am - 8 pm ET, and Feb. 1 - Sept. 30: 8 am - 6 pm ET

Special Enrollment

Below are the benefits available to you and your eligible family members. Each section below allows you to view your plan options, compare costs and select or waive coverage for yourself and your eligible family members.

If you receive a subsidy from your former employer, your premium amount reflects it when you click on View Plan Options.



Medical

\$0

Your Cost per month

PLAN Network Option Value / Aetna / [View plan details](#)

COVERAGE Retiree + Spouse

Javier Baez	Retiree	Cover
SUSAN MARTIN	Spouse	Cover

Completed

[View Plan Options](#)



Dental

\$0

Your Cost per month

PLAN Aetna Dental PPO / Aetna / [View plan details](#)

COVERAGE Retiree + Spouse

Javier Baez	Retiree	Cover
SUSAN MARTIN	Spouse	Cover

Completed

[View Plan Options](#)



Vision

NO PLAN SELECTED

* Selection
Required

[I don't want this benefit \(waive\)](#)

[View Plan Options](#)

- 1 Your Info
- 2 **Your Benefits**
- 3 Enroll
- 4 Complete

Your
Premium
per month

\$0

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

[Privacy Policy](#) | [Medicare Disclaimer](#) | [Browser Requirements](#)



[Help](#) [Exit Enrollment](#)

CALL US MONDAY - FRIDAY: 1-800-426-4584 (TTY: 711)
HOURS: Oct. 1 - Jan. 31: 8 am - 8 pm ET, and Feb. 1 - Sept. 30: 8 am - 6 pm ET

[Back to Benefits](#)

Vision

Who will be covered by this plan?



Javier Baez
Retiree



SUSAN MARTIN
Spouse



Add Dependents



Back to Benefits

Continue

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[Help](#) [Exit Enrollment](#)

CALL US MONDAY - FRIDAY: 1-800-426-4584 (TTY: 711)
HOURS: Oct. 1 - Jan. 31: 8 am - 8 pm ET, and Feb. 1 - Sept. 30: 8 am - 6 pm ET

[Back to Benefits](#) **Vision**

Your vision plan options are shown below.

Who will be covered by this plan?

☒ Javier Baez (Retiree) ☒ SUSAN MARTIN (Spouse) [+ Add Dependents](#)

Sort by: Cost

Vision | Aetna

Your Cost per month:

\$0

Tier: Retiree + Spouse

Select

☒ Waive Vision

Waive

[Back to Benefits](#)

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Help Exit Enrollment

CALL US MONDAY - FRIDAY: 1-800-426-4584 (TTY: 711)

HOURS: Oct. 1 - Jan. 31: 8 am - 8 pm ET, and Feb. 1 - Sept. 30: 8 am - 6 pm ET

Special Enrollment

Below are the benefits available to you and your eligible family members. Each section below allows you to view your plan options, compare costs and select or waive coverage for yourself and your eligible family members.

If you receive a subsidy from your former employer, your premium amount reflects it when you click on View Plan Options.



Medical

\$0

Your Cost per month

PLAN Network Option Value / Aetna / [View plan details](#)

COVERAGE Retiree + Spouse

Javier Baez	Retiree	Cover
SUSAN MARTIN	Spouse	Cover

Completed

[View Plan Options](#)



Dental

\$0

Your Cost per month

PLAN Aetna Dental PPO / Aetna / [View plan details](#)

COVERAGE Retiree + Spouse

Javier Baez	Retiree	Cover
SUSAN MARTIN	Spouse	Cover

Completed

[View Plan Options](#)



Vision

\$0

Your Cost per month

PLAN Vision / Aetna

COVERAGE Retiree + Spouse

Javier Baez	Retiree	Cover
Susan Martin	Spouse	Cover

Completed

[View Plan Options](#)

- 1 Your Info
- 2 **Your Benefits**
- 3 Enroll
- 4 Complete

Your Premium per month **\$0**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

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HOURS: Oct. 1 - Jan. 31: 8 am - 8 pm ET, and Feb. 1 - Sept. 30: 8 am - 6 pm ET

Special Enrollment

To complete your enrollment, read the information below and check the box next to "I agree." Then click "continue."

Medical

* Selection required

PLAN Network Option Value / Aetna

Conditions of Enrollment

Applicant Acknowledgments and Agreements

On behalf of myself and the dependents listed, I agree to or with the following:

1. I acknowledge that by enrolling in an Aetna plan coverage is underwritten or administered by Aetna Life Insurance Company (referred to as "Aetna").
2. I authorize deductions from my earnings for any contributions required for coverage and I agree to make any necessary payments as required for coverage.
3. I understand and agree that this Enrollment/Change Request may be transmitted to Aetna or its agent by my employer or its agent. I authorize any physician, other healthcare professional, hospital or any other healthcare organization ("Providers") to give Aetna or its agent information concerning the medical history, services or treatment provided to anyone listed on this Enrollment/Change Request form, including those involving mental health, substance abuse and HIV/AIDS. I further authorize Aetna to use such information and to disclose such information to affiliates, Providers, payors, other insurers, third party administrators, vendors, consultants and governmental authorities with jurisdiction when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities. I have discussed the terms of this authorization with my spouse and competent adult dependents and I have obtained their consent to those terms. I understand that this authorization is provided under state law and that it is not an "authorization" within the meaning of the federal Health Insurance Portability and Accountability Act. This authorization will remain valid for the term of the coverage and so long thereafter as allowed by law. I understand that I am entitled to receive a copy of this authorization upon request and that a photocopy is as valid as the original.
4. The plan documents will determine the rights and responsibilities of member(s) and will govern in the event they conflict with any benefits comparison, summary or other description of the plan.
5. I understand and agree that with the exception of Aetna Rx Home Delivery®, all participating providers and vendors are independent contractors and are neither agents nor employees of Aetna. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change. Notice

- 1 Your Info
 - 2 Your Benefits
 - 3 Enroll
 - 4 Complete
- Conditions of Enrollment
- Billing Preferences
- Review and Confirm

Your Premium per month \$0

Continue

of the change shall be provided in accordance with applicable state law.

Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Acknowledgment

I certify that all information supplied in this form is true and complete to the best of my knowledge and/or belief. I have read and agree to the Conditions of Enrollment on this Enrollment/Change Request form.

☒ I agree

Next

 Print

1 Your Info

2 Your Benefits

3 Enroll

Conditions of Enrollment

Billing Preferences

Review and Confirm

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Special Enrollment

To complete your enrollment, read the information below and check the box next to "I agree." Then click "continue."

^ Dental

* Selection required

PLAN Aetna Dental PPO / Aetna

Conditions of Enrollment

Applicant Acknowledgments and Agreements

On behalf of myself and the dependents listed, I agree to or with the following:

1. *I acknowledge that by enrolling in the following plans coverage is underwritten or administered by the following entities (collectively referred to as "Aetna"):

- Aetna DMO, Aetna Dental PPO, Dental EPP, Aetna HealthFund/Aetna DentalFund, and Aetna Indemnity Dental: Aetna Life Insurance Company
- In the states of AZ, CA, GA, MD, MO, NC, NJ and TX, Aetna DMO, Advantage and Basic plans may also be provided by one of the following: Aetna Dental of California Inc., Aetna Dental Inc. (NJ), Aetna Dental Inc. (TX), Aetna Health Inc., or Aetna Health Inc. (AZ).

2. I authorize deductions from my earnings for any contributions required for coverage and I agree to make any necessary payments as required for coverage.

3. I understand and agree that this Enrollment/Change Request may be transmitted to Aetna or its agent by my employer or its agent. I authorize any physician, other healthcare professional, hospital or any other healthcare organization ("Providers") to give Aetna or its agent information concerning the medical history, services or treatment provided to anyone listed on this Enrollment/Change Request form, including those involving mental health and substance abuse. I further authorize Aetna to use such information and to disclose such information to affiliates, providers, payors, other insurers, third party administrators, vendors, consultants and governmental authorities with jurisdiction when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities. I have discussed the terms of this authorization with my spouse and competent adult dependents and I have obtained their consent to those terms. I understand that this authorization is provided under state law and that it is not an "authorization" within the meaning of the federal Health Insurance Portability and Accountability Act. This authorization will remain valid for the term of the coverage and so long thereafter as allowed by law. I understand that I am entitled to receive a copy of this authorization upon request and that a photocopy is as valid as the original.

- 1 Your Info
 - 2 Your Benefits
 - 3 Enroll
 - 4 Complete
- Conditions of Enrollment
Billing Preferences
Review and Confirm

Your Premium per month \$0

Continue

4. The plan documents will determine the rights and responsibilities of member(s) and will govern in the event they conflict with any benefits comparison, summary or other description of the plan.

5. I understand and agree that with the exception of Aetna Rx Home Delivery, all participating providers (including all participating primary care dentists) and vendors are independent contractors and are neither agents nor employees of Aetna. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.

Misrepresentation

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Arkansas and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention New York Residents: Any person who willingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Attention Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I certify that all information supplied in this form is true and complete to the best of my knowledge and/or belief. I have read and agree to the Conditions of Enrollment on this enrollment/Change Request form. I understand that in the event I fail to execute this form within 31 days after the above transaction request or that for any reason Aetna does not receive notice of the above transaction request within a reasonable time following the event, my and my dependents' eligibility may be affected.

☒ I agree

Next

 Print

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Help Exit Enrollment

CALL US MONDAY - FRIDAY: 1-800-426-4584 (TTY: 711)

HOURS: Oct. 1 - Jan. 31: 8 am - 8 pm ET, and Feb. 1 - Sept. 30: 8 am - 6 pm ET

Special Enrollment

To complete your enrollment, read the information below and check the box next to "I agree." Then click "continue."

^ Vision

* Selection required

PLAN Vision / Aetna

Conditions of Enrollment

Applicant Acknowledgments and Agreements

On behalf of myself and the dependents listed, I agree to or with the following:

1. I acknowledge that by enrolling in an Aetna VisionSM Preferred plan, coverage is underwritten by Aetna Life Insurance Company (referred to as "Aetna") and that certain claims adjudication and other administrative services are provided by First American Administrators, Inc. (an affiliate of EyeMed Vision Care, LLC) and/or its affiliates.

2. I authorize deductions from my earnings for any contributions required for coverage and I agree to make any necessary payments as required for coverage.

3. I understand and agree that this Enrollment/Change Request may be transmitted to Aetna or its agent by my employer or its agent. I authorize any physician, optometrist, other healthcare professional, hospital or any other healthcare organization ("Providers") to give Aetna or its agent information concerning the medical history, services or treatment provided to anyone listed on this Enrollment/Change Request form, including those involving mental health, substance abuse and HIV/AIDS. I further authorize Aetna to use such information and to disclose such information to affiliates, Providers, payors, other insurers, third party administrators, vendors, consultants and governmental authorities with jurisdiction when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities. I have discussed the terms of this authorization with my spouse and competent adult dependents and I have obtained their consent to those terms. I understand that this authorization is provided under state law and that it is not an "authorization" within the meaning of the federal Health Insurance Portability and Accountability Act. This authorization will remain valid for the term of the coverage and so long thereafter as allowed by law. I understand I am entitled to a copy of this authorization upon request and that a photocopy is as valid as the original.

4. The plan documents will determine the rights and responsibilities of member(s) and will govern in the event they conflict with any benefits comparison, summary or other description of the plan.

5. I understand and agree that, with the exception of Aetna Rx Home Delivery®, all participating providers and vendors are independent contractors and are neither agents nor employees of Aetna. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law. Intentional Misrepresentation Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

- 1 Your Info
 - 2 Your Benefits
 - 3 Enroll
 - 4 Complete
- Conditions of Enrollment
Review and Confirm

Your Premium per month \$0

Continue

Misrepresentation

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Acknowledgment

I certify that all information supplied in this form is true and complete to the best of my knowledge and belief. I have read and agree to the Conditions of Enrollment and Misrepresentation on this Enrollment/Change Request form.

☒ I agree[Next](#)[Print](#)[Privacy Policy](#)[Medicare Disclaimer](#)[Browser Requirements](#)



Special Enrollment

Paying for your benefits

You can have your monthly premium deducted using Automatic Draft. In order to set up Automatic Draft, you will have to download and mail in the Automatic Draft form. [You can access the form here.](#) If you enroll in Automatic Draft, you will not receive a paper billing statement once it has been set up.

If you do not enroll in Automatic Draft, you will receive a monthly paper bill.

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
 - Conditions of Enrollment
 - Billing Preferences**
 - Review and Confirm
- 4 Complete

Your Premium per month **\$0**

Continue



Review and Confirm



Please Review All of Your Selections

Once you've completed your review, check the "I agree" box at the bottom of the page. Then, click "Complete Enrollment" to the right of the page.

*Indicates changed benefits

Your Total Cost

\$0

Per Month

1

Your Info

2

Your Benefits

3

Enroll

Conditions of Enrollment

Billing Preferences

Review and Confirm

4

Complete

[Complete Enrollment](#)



Medical*

Your cost per month

\$0

Network Option Value Aetna

Cost Details Per Month

Coverage: **Retiree + Spouse**

Who will be covered on this plan:

Name	Relationship	Coverage
Javier Baez	Retiree	Cover
SUSAN MARTIN	Spouse	Cover

[Edit Selection](#)

Total Premium \$0
Employer Contribution (\$0)
Your Premium \$0



Dental*

Your cost per month

\$0

Aetna Dental PPO Aetna

Cost Details Per Month

Coverage: **Retiree + Spouse**

Who will be covered on this plan:

Name	Relationship	Coverage
Javier Baez	Retiree	Cover
SUSAN MARTIN	Spouse	Cover

[Edit Selection](#)

Total Premium \$0
Employer Contribution (\$0)
Your Premium \$0



Vision

Your cost per month

\$0

Vision Aetna

Cost Details Per Month

Coverage: **Retiree + Spouse**

Who will be covered on this plan:

Name	Relationship	Coverage
Javier Baez	Retiree	Cover
SUSAN MARTIN	Spouse	Cover

[Edit Selection](#)

Total Premium \$0
Employer Contribution (\$0)
Your Premium \$0

Once You've Reviewed All Your Selections:

Please check the "I agree, and I'm finished with my enrollment" box. Then click "Complete Enrollment" to finish.

☒ I agree, and I'm finished with my enrollment.

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[Medicare Disclaimer](#)

[Browser Requirements](#)



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[Change Password](#) [Log Out](#)

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HOURS: Oct. 1 - Jan. 31: 8 am - 8 pm ET, and Feb. 1 - Sept. 30: 8 am - 6 pm ET



[My Benefits](#) ▾

[My Profile](#)

[Library](#) ▾



[Help](#)

Your Confirmation Number is: 93759547 - 2963203



Your enrollment is complete!



You may make changes to your elections until: **February 28, 2018**

Below is your enrollment confirmation statement. Go ahead and print this page or write down the number above and keep it for your records. Use this number when you contact the Retiree Service Center for questions about your enrollment.

Now that you have completed your enrollment, here's what to expect next:

Medicare Enrollments

The Centers for Medicare and Medicaid Services (CMS) must review all Medicare enrollments. Your plan selection is pending until CMS approves or denies your enrollment choice. Aetna will send your enrollment to CMS, and they will do a final review. When CMS finishes its' review, Aetna will send you a letter to confirm your enrollment. This process usually takes 7-10 business days. You could receive a bill from Aetna before you get your Medicare enrollment letter. This is because of our billing production timeline. If your Medicare enrollment does not go through, your bill will be adjusted.

Make your premium payments

Premium payments are due the first of each month.

Member ID card

If you're a new member, or a renewing member and have selected a different plan, you'll get a new member ID card to share with your providers. We'll mail your ID card to you about one to two weeks before your coverage effective date.

If you're a renewing member and have kept the same plan, you can use your existing ID card.

Doctor visit

Schedule a doctor visit so you can take advantage of the health care services available to you.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.



[VIEW](#)



[PRINT](#)

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State:	District of Columbia	Filing Company:	Aetna Life Insurance Company
TOI/Sub-TOI:	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other		
Product Name:	2019 LG Medicare Advantage bSwift Enrollment		
Project Name/Number:	ALIC/		

Supporting Document Schedules

Satisfied - Item:	Certification
Comments:	
Attachment(s):	ALIC Certification of Readability.pdf
Item Status:	APPROVED
Status Date:	04/03/2019

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	Retiree DC Cover Letter_Health.pdf
Item Status:	APPROVED
Status Date:	04/03/2019

Satisfied - Item:	Explanation of Variability
Comments:	
Attachment(s):	DC State Filing Explanation of Variability.pdf
Item Status:	APPROVED
Status Date:	04/03/2019

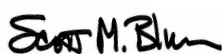
**DISTRICT OF COLUMBIA
Certification**

Aetna Life Insurance Company

Subject: Aetna Life Insurance Company - NAIC No. 60054
2019 LG Medicare Advantage bSwift Enrollment

Form: LG-EBSRET-DC (03-19) (WEB) 01
LG-EBSRET-DC (03-19) (WEB) 02
Readability Score : 44.4

This certifies that the form included in this filing will equal or exceed the minimum reading ease score on the Flesch Test when incorporated into the group policy or booklet-certificate which will be delivered, or issued for delivery, to the Policyholder in your jurisdiction in accordance with District of Columbia Insurance Codes §31-4725, §31-4726 and any applicable law or regulation.



Digitally signed by Scott M. Blum
Date: 2019.03.11 12:10:09 -04'00'

Scott M. Blum
Assistant Vice President

March 11, 2019

Date



Caroline Minehan
P & RA Specialist
860 273 1531
MinehanC@Aetna.com
Product & Regulatory
Approvals
151 Farmington Ave
Hartford, CT 06156

Subject: **Aetna Life Insurance Company, NAIC No. 001-60054**

Large Group Accident & Health Insurance

Online Group Participant Enrollment Form

Coded: LG-EBSRET-DC (03-19) (WEB) 01

LG-EBSRET-DC (03-19) (WEB) 02

March 11, 2019

Dear Reviewer:

The filing listed above is being submitted electronically for your Department's approval on a general use basis. The filing is in final format rather than being a draft or proof. The submitted filing is for use by Aetna large group clients.

Aetna is requesting your approval with respect to the on-line Enrollment, Important Disclosures, Representations and Authorizations language, which will be presented electronically to a plan sponsor's group participants. This includes retirees and dependents. For ease of reference, the attached filing provides a sample flow of the on-line enrollment experience for a pre-65 retiree or their dependent in a Medical, Dental or Vision plan. We are not looking for approval for the Medicare Advantage portion of the filing, nor does the sample flow reflect this. The Medicare Advantage portion of the flow has gone through and met the necessary regulations and approvals.

The form will not be used and is not affiliated with individual or small group public exchanges set up under the Affordable Care Act. Instead, the form will be used for private web-based enrollment platforms or exchanges through which large group, plan sponsors allow their participants to enroll in the plan sponsor's retiree benefit offerings. Plan sponsors communicate to their participants the enrollment process and the participants would be aware of their benefit program offerings prior to accessing the enrollment platform.

The Affordable Care Act (Statute 6055) requires insurers to report annually to the Internal Revenue Service (IRS) confirming that each pre-65 enrollee is covered under a plan that

meets the definition of an Essential Benefits plan. The enrollee's Social Security Number (SSN) must be used in submitting this report to the IRS. For ease of administration and to avoid having to request the SSN through a separate process, this online enrollment form includes a field for the enrollee's SSN and will be used to comply with the required 6055 reporting as directed by the IRS.

Aetna is requesting a formal approval of the Enrollment, Important Disclosures, Representations and Authorizations language. As our clients have expressed a need for a simple, straightforward and unified enrollment process for retirees and their dependents, we hope to help them achieve that objective with the approval of this language.

The attached Form Filing illustrates a sample member experience which can vary but is similar across various products which may leverage the Enrollment, Important Disclosures, Representations and Authorizations language. The approval is specifically to utilize the aforementioned language across any electronic enrollment limited to Large Group clients. The required Certification of Readability and Health checklist accompany this submission.

We certify that this form will equal or exceed the minimum reading ease score on the Flesch Test when delivered or issued for delivery in your jurisdiction in accordance with any applicable law or regulation.

We request approval of the enclosed filing. We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me at the above mailing address, telephone number or e-mail address.

Sincerely,
Teresa M. Gotimer
Sr. Director, Retiree Solutions

A handwritten signature in black ink, appearing to read "Teresa M. Gotimer", is enclosed in a light gray rectangular box.

Enclosures

Online Group Participant Enrollment Form

EXPLANATION OF VARIABILITY

Form LG-EBSRET-DC (03-19) (WEB) 01

Form LG-EBSRET-DC (03-19) (WEB) 02

Form LG-EBSRET-DC (03-19) (WEB) 01:

Screen shots 1, 8-9

- **Contact information:** The references to phone numbers and URLs change over time. The correct information will print. Any references to phone numbers or website addresses will change to the most current information.

Screen shot 7

- **Contact information:** The references to phone numbers and urls change over time. The correct information will print. Any references to phone numbers or website addresses will change to the most current information.
- **Dates:** Any references to effective dates, birth dates, payment due dates, mail dates, last date to make changes will change to the specific dates for the user.
- **Status:** This will change depending on what stage of the enrollment process the user is in
- **Monetary amounts:** Any reference to monies due, received or part of a balance
- **Names/demographic information:** Any reference to a user name or their dependent(s) name(s), as well as their relationship, age, date of birth or SSN information.
- **Fulfillment packet name:** The fulfillment packet name is specific to the type of packet the user or their dependent(s) received.

Screen shot 10, 12, 15

- **Contact information:** The references to phone numbers and urls change over time. The correct information will print. Any references to phone numbers or website addresses will change to the most current information.
- **Names/demographic information:** Any reference to a user name or their dependent(s) name(s), as well as their relationship, age, date of birth or SSN information.

Screen shots 11

- **Contact information:** The references to phone numbers and urls change over time. The correct information will print. Any references to phone numbers or website addresses will change to the most current information.
- **Monetary amounts:** Any reference to premium amounts, monies due, received or part of a balance
- **Plan name:** The plan name is illustrative.

Screen shots 13, 14, 16

- **Contact information:** The references to phone numbers and urls change over time. The correct information will print. Any references to phone numbers or website addresses will change to the most current information.

- **Names/demographic information:** Any reference to a user name or their dependent(s) name(s), as well as their relationship, age, date of birth or SSN information.
- **Plan name:** The plan name is illustrative.
- **Monetary amounts:** Any reference to premium amounts, monies due, received or part of a balance

Form LG-EBSRET-DC (03-19) (WEB) 02:

Screen shot 12

- **Contact information:** The references to phone numbers and URLs change over time. The correct information will print. Any references to phone numbers or website addresses will change to the most current information.
- **Monetary amounts:** Any reference to premium amounts, monies due, received or part of a balance

Screen shot 2

- **Contact information:** The references to phone numbers and urls change over time. The correct information will print. Any references to phone numbers or website addresses will change to the most current information.
- **Names/demographic information:** Any reference to a user name or their dependent(s) name(s), as well as their relationship, age, date of birth or SSN information.

Screen shots 5-6, 7-9, 10-11

- **Contact information:** The references to phone numbers and urls change over time. The correct information will print. Any references to phone numbers or website addresses will change to the most current information.
- **Monetary amounts:** Any reference to premium amounts, monies due, received or part of a balance
- **Plan name:** The plan name is illustrative.

Screen shots 1, 3, 4, 13-14

- **Contact information:** The references to phone numbers and urls change over time. The correct information will print. Any references to phone numbers or website addresses will change to the most current information.
- **Names/demographic information:** Any reference to a user name or their dependent(s) name(s), as well as their relationship, age, date of birth or SSN information.
- **Plan name:** The plan name is illustrative.
- **Monetary amounts:** Any reference to premium amounts, monies due, received or part of a balance

Screen shot 15

- **Contact information:** The references to phone numbers and URLs change over time. The correct information will print. Any references to phone numbers or website addresses will change to the most current information.
- **Confirmation number:** This number is unique and based on each enrollment

- **Dates:** Any references to effective dates, birth dates, payment due dates, mail dates, last date to make changes will change to the specific dates for the user.